

Nursing Inventory Skills Checklist

Date:	Name:	RN		LPN	
Please mark an X in th	he appropriate box next to each entry based on your experiences in լ	oatieni	t care.		

Skill	Proficient	Needs Review	Not Capable	Skill	Proficient	Needs Review	Not Capable
Specialty Care				Bowel/Bladder			_
Geriatric				Suprapubic Catheter Care			
Alzheimer's/Dementia				Suprapubic Catheter Exchange			
Parkinson's Disease				Indwelling Foley Cath Care			
Skilled Nursing Facility				Insertion of Foley Cath			
Assisted Living Facility				Insertion of Straight Cath			
Amputee				Insertion of Suppository			
Pulmonary/Respiratory				Administer Enema			
Orthopedics				Ostomy Care			
Renal/Urological				Ostomy Irrigation			
Psychiatry				Rectal Tube			
Skin Burns				Disimpaction			
Occupational Health				Digital Stimulation			
Hospice Care				Specimen/Lab Collection			
Stroke				Urine			
Physical Assessment				Sputum			
Heart Sounds				Glucometer			
Breath Sounds				PT/INR			
Bowel Sounds				Peak & Trough			
Pulses				Tube Feedings			
Homan's				Bolus			
Peripheral Edema				Feeding Pumps			
Respiratory Care				Gastric Suction			
Tracheostomy				Infection Control			
Change Trach Tube				Use of Protective Equipment			
Ventilator Care				Disposal of Infectious Waste			
Oxygen Therapy				Sterile Dressing Change			
Suctioning				IV Therapy			
Chest Percussion				PICC Line Care			
Postural Drain				Insert PICC Line			
Feeding Tube				Insert Peripheral IV			
Care of Nasogastric Tube				Access Ports			
Placement of N/G Tube				Total parenteral nutrition			
Verify Placement of N/G				Chemo			
Care of Gastrostomy Tube				Ambulatory Pumps			
Exchange of G Tube				Elastomeric Pumps			
Verify Placement of G Tube				Pole Mounted Pumps			
<u>Transferring</u>				Dial-a-Flow Devices	1		
Wheelchair				Change IV Dressing			
Pivot				Venipuncture			
Repositioning				Other			
Hoyer				Languages Spoken			
Slide Board				Languages Read/Write	1		